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ABSTRACT

Areas of social behavior are reviewed in terms of the increasing emphasis on mainstreaming and normalization for children with special needs and the resulting concerns of psychologists and educators with the social interaction difficulties of learning disabled children. These areas of social behavior that contribute to a child's peer interactions include: smiling and laughing with peers: greeting others: joining on-going activities: extending invitations: conversation skills: sharing and cooperation skills: verbal complimenting: and physical appearance/grooming. A program designed to teach conversational skills and facilitate peer interactions in a group of learning disabled students who experienced difficulty with peer interactions is described in which social skills training was provided via modeling, coaching and behavioral rehearsal with video-taped feedback for the appropriate use of social skills: after six weekly sessions, the trained students made gains in their conversational and interpersonal skills. (Author)

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Social Skills Intervention with Learning Disabled Children

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A growing concern for psychologists and educators has been the evaluation and treatment of children with learning disabilities. Learning disabled children generally are of average or above average intelligence, but exhibit wide scatter in the levels of their academic skills (Gearheart, 1973). Until the present time, intervention approaches with these children have concentrated on the remediation of academic deficits, to the exclusion of other aspects of the child's functioning. However, with the increasing emphasis on mainstreaming and normalization for these children with special needs, consideration of other aspects of the child's social-emotional functioning will become crucial.

One particularly problematic area for many learning disabled children is the child's relationships with peers. Numerous investigators have found that children with learning disabilities are less accepted by their peers relative to children who do not evidence learning problems (Bryan, 1974, 1976, 1977, 1978; Schearer, 1978; Siperstein, Bopp & Bak, 1978). Moreover, peer acceptance patterns of learning disabled children do not appear to change substantially over time. Along these lines, Bryan (1976) recently followed a group of fourth and fifth grade students over 12 months, and found that learning disabled children who were initially low on peer acceptance maintained their low status over this time period. Even in classes where the

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composition of students had changed by 75%, the learning disabled students continued to be rated higher on measures of social rejection and lower on social attraction than their non-learning disabled classmates. These findings suggest that poor peer status is stable over time and that learning disabled children do not improve their social status when given a "fresh start" with a new group of peers.

Despite the social interaction difficulties that learning disabled children appear to exhibit, systematic intervention programs to improve the peer relationships of these children have been lacking. However, current literature on peer problems in normal and retarded children suggests that behaviorally-oriented programs to teach or facilitate appropriate social behaviors represent a viable approach to this clinical problem (Cooke & Apolloni, 1976; Keller & Carlson, 1974; La Greca, 1978; Oden and Asher, 1977; Strain & Timm, 1974). Using modeling, coaching and/or behavioral rehearsal strategies, social skills have been successfully taught to elementary school students who exhibit low levels of peer acceptance (La Greca, 1978, Note 1; Oden & Asher, 1977; Ross, Ross & Evans, 1971), to socially-isolated preschoolers (Evers & Schwarz, 1973; Keller & Carlson, 1974; O'Connor, 1969, 1972), and to children exhibiting numerous behavior problems (Strain & Timm, 1974).

Extending some of the expertise in the area of social intervention to children with learning disabilities appears to be appropriate and desirable. Current mainstreaming practices will bring learning disabled and non-learning disabled children together in the same social contexts. Moreover, learning disabled children appear to select friends on a similar basis as their non-learning disabled peers (Bruininks, 1978). Thus, the social behaviors and skills which are valued in the traditional classroom setting may have considerable relevance for learning disabled children as well.

With these concerns in mind, the intent of the present paper is to briefly review the literature on social skills training with children, and to suggest how these intervention procedures can be adapted to the social needs of learning disabled children by describing a clinical application of the social skills research.

Review of Social Skills

Research with children and adolescents has demonstrated that children who are well-liked by their peer group differ from less well-accepted peers in a number of ways (La Greca, 1976, Note 2; Asher, Oden & Gottman, 1977). For example, well liked students generally display good communication and conversation skills with peers (Gottman, Gonso & Rasmussen, 1975; Gottman, Gonso & Schuler, 1976; Rubin, 1972), and also tend to initiate interactions with peers frequently (Gottman, et al., 1975). A review of the available research on peer relationships in children (La Greca, 1976, Note 2) suggests eight areas of social behavior that contribute to positive peer relationships which, therefore, may serve as the basis for skills training programs. These eight areas include: (1) smiling and laughing with peers (that is, showing some pleasure and enjoyment of social interactions), (2) greeting others, (3) joining on-going peer activities, as well as responding positively when others ask the child to join-in, (4) extending invitations to peers to engage in mutual activities, as well as positively acknowledging invitations from other children, (5) conversations skills, which include asking questions, talking about interests, taking turns at talking and listening, and sticking to the topic of conversation, (6) sharing and cooperation skills, such as sharing materials with others, deciding fairly "who goes first," and taking turns, (7) verbal affection or complimenting other children, and (8) physical grooming and appearance. This last area, physical appearance and grooming, is

not strictly an interaction skill. However, considerable research has suggested that physical appearance is an important contributor to peer acceptance (Dion & Berscheid, 1974; Kuhlen & Lee, 1943), and children can be taught to improve their grooming and physical appearance. If children are turned off by the physical appearance of another child, no amount of skills training will be likely to improve the child's peer interactions.

These eight skill areas may provide a starting place for the assessment and training of interpersonal skills. In order to design prescriptive programs for social intervention with learning disabled (or other developmentally delayed) children, the target children should be assessed in each of these eight areas, and then intervention could focus on the areas that present the most difficulty.

Aside from selecting appropriate skills for training, a second consideration is the methods of clinical intervention. Here the literature on social skills intervention suggests that modeling, coaching and behavioral rehearsal with feedback may be appropriate and viable strategies for teaching social interaction skills (Oden & Asher, 1977; La Greca, 1978, Note 1). Both modeling and coaching (i.e., explaining how and when to use the social skills) have been successfully employed in social intervention programs for children (Keller & Carlson, 1974; Gottman, et al., 1976). Behavioral rehearsal with feedback has been incorporated into skills programs for adults and children (Curran, 1975; La Greca, 1978, Note 1; Ross, Ross & Evans, 1971), and has also met with considerable success. These treatment procedures should prove to be extremely useful with learning disabled children since the procedures structure the learning experience, highlight the important aspects of the social interaction process, and provide immediate feedback on the successful/unsuccessful enactment of the skills. Educational programming for learning disabled

children also tends to emphasize structure, highlighting important elements, and providing immediate feedback, in order to maximize the learning environment for the child. Thus, these training procedures may be particularly relevant and applicable intervention strategies for learning disabled children.

Applications of Social-Skills Training to Learning Disabled Children

At this point, I'd like to describe a clinical application of the social-skills model with a group of learning disabled males. This was a time-limited intervention project that was conducted during the summer of 1978, as part of a 6-week summer school session in a center for learning disabled children.

Four males (average age 14 years) were referred by their teachers and the program director for their "inappropriate social behavior, and limited contact with peers." In order to provide some normative basis for the social behavior of learning disabled children, four additional male students of the same age, who did have appropriate peer interactions, were selected from the same summer school program to participate in only the assessment procedures. These "normal social interaction" students were considered by the teachers and program director to "have no social interaction difficulties; and to get along well with other students."

Prior and subsequent to the 6-week training program, all the LD students were assessed on their skills in social situations by a series of role-plays and by completing several self-report forms. For the role-play measures, the students were asked to carry on a conversation for two minutes with another student (a confederate), during which the confederate was instructed to provide minimal responses to questions. Next, the students role-played a situation in which they were to join a social interaction, which consisted of two confederate-students who were "talking in the halls" at school. These role-plays were scored for various social behaviors, including: smiling,

whether or not the student greets the other, whether or not the student joines others and participates in the conversation, specific conversational skills (asking questions, talking about themselves, etc.), whether or not the student extends an invitation to the confederate-child, and so on. The self-reports measures asked the students to rate the frequency of their social interactions with peers on a 5-point scale for seven social situations (e.g., inviting another child over to the houseafter school). General physical appearance and grooming were also observed.

Based on these assessment procedures, it was noted that the LD students who had "poor social interactions" differed from the students with "good social interactions" mainly in the area of conversational skills and frequency of interactions with peers. For example, the "poor interacting" students made fewer conversational statements, asked fewer questions, generated fewer topics of conversation, and had a higher proportion of closed-ended questions (i.e., questions that can be answered in one-word replies) relative to the students with normal social interactions. In view of this assessment, the skills which were focused on during the training program were conversational skills and joining in activities with peers.

The training group met on a weekly basis for a 45-minute period with a male and female group leader. The specific conversational skills covered included: talking more, asking open-ended questions (i.e., questions that could be answered with more than a one-word response), sticking to a topic of conversation, generating new topics of conversation , and joining others in on-going activities, such as eating lunch with others, or engaging in leisure activities with others.

The training approach utilized the modeling, coaching and behavioral rehearsal with feedback strategies. This was done in the following manner.

For each skill to be covered, the two group leaders modeled the skill, both in an appropriate and inappropriate manner. The students observed and discussed the modeled skills, in terms of how and when they could use these skills. Next, the students were provided with opportunities to role-play the skills with one another. These role-plays were videotaped, and immediately played back to the students who were encouraged to critique the tapes (What did they do right? What could they improve on?). The students were given practice until they could demonstrate the skills. Finally, the students were asked to practice the skills with other peers during the week in between sessions (e.g., "talk to someone at lunch every day this week and practice asking open-ended questions"). These real-life practice assignments were discussed at the beginning of the following group meeting.

Post-training assessments were conducted in the same manner as the pre-tests, and again the LD students with "poor social interactions" were compared with the LD students who were reported to have normal peer interactions. The students who participated in the social skills training evidenced marked improvement on all conversational measures, and their level of performance was comparable to the "normal interaction" students (See Table 1). The self-report measures of frequency of social interaction with peers, also noted positive changes for the trained students in the direction of more frequent interactions with peers (See Table 2).

In addition to these assessments, informal feedback from the teachers and parents of the children in the training program indicated that the students had made gains in their interpersonal skills outside the training group situation. For instance, two of the students who were previously noted to be extremely quiet with peers were observed to initiate conversations with other students on a regular basis during lunch and free time activities.

Summary

To summarize, then, the results of this clinical application of the social-skills training model suggests that this treatment strategy may represent a viable approach to the remediation of peer and social interaction difficulties of learning disabled children. In view of the social interaction difficulties that many learning disabled children face, particularly with current mainstreaming practices, the need for effective procedures to improve the social interactions of these children takes on increasing importance.

Further research and clinical applications of this model will provide a firmer basis for its wide-spread use. In particular, several issues emerge as potential directions for future research in this area. These include:

(1) Identification of problematic social situations which learning disabled children are likely to encounter.

(2) Developing comprehensive assessment procedures for social interaction skills learning disabled children, to enable psychologists and educators to systematically identify social problems and plan prescriptive intervention programs.

(3) Developing strategies for programming non-learning disabled peers in the normal classroom to respond to the social overtures of LD children.

(4) Developing strategies for teaching children to generalize their social interaction and problem solving skills to novel situations with peers.

(5) Investigation of the interface between the specific kinds of learning problems a child displays, and the kinds of social difficulties he/she encounters.

(6) Identification of children at risk for social interaction problems, and the development of early intervention strageties for this population.

These ideas should provide an impetus for additional research, and should facilitate the development of important and meaningful interventions for these children with special needs.

Table 1

Comparison of the Learning Disabled Students with "poor interactions" vs. "normal interactions" on Conversational Skills

Measure	"Poor Interactors" $\bar{X}$	"Normal Interactors" $\bar{X}$
Total Number of Conversational Statements		
PRE-TEST	5.25	21.25
POST-TEST	14.50	13.70
Number of Conversational Topics		
PRE-TEST	2.00	3.75
POST-TEST	5.75	4.00
Number of Questions Asked		
PRE-TEST	3.50	7.25
POST-TEST	8.00	11.00
Proportion of Open-Ended Questions		
PRE-TEST	.035	.25
POST-TEST	.48	.36
Proportion of Topics with More than Two Comments		
PRE-TEST	.06	.51
POST-TEST	.40	.51

Table 2

Comparison of Two Groups of Learning Disabled Students on a Measure of Frequency of Social Interaction with Peers[a]

	"Poor Interactors"	"Normal Interactors"
Pre-Test Score	15.00	10.25
Post-Test Score	8.50	10.25

a = Low scores are indicative of a high frequency of peer interaction.

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